

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/889093**

FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15		I					65			
16			I				66			
17			I				67			
18			I				68			
19			I				69			
20			I				70			
21			I				71			
22			I				72			
23			I			..	73			
24			I				74			
25			I				75			
26			I				76			
27			I				77			
28		I				..	78			
29			I				79			
30			I				80			
31			I				81			
32			4				82			
33			4				83			
34			4				84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			2				TOTAL IND.			
TOTAL DEP.		↔	27	↔			TOTAL DEP.		↔	
TOTAL CLAIMS			29				TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS